

Summary of Benefits Report for Arkansas, CHIP

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Preventive Services

	Is the service Covered?	Frequency	List any service - specific limitations
Cleanings	Yes	1 x 6 months	
Fluoride treatments (including fluoride varnishes)	Yes	1 x 6 months	
Sealants (list any tooth-specific limits)	Yes	1 x lifetime	1st & 2nd permanent molars only
Space maintainers	Yes		

Diagnostic Services

	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	Yes		Covered if no paid dental claims within the past 6 months	
Dental examinations	Yes	1 x 6 months		AAPD Periodicity schedule
Assessment of risk for tooth decay	Yes			
X-Rays				
Bitewing	Yes	1 x 6 months		
Full Mouth	Yes	1 x every 5 years		
Panoramic	Yes	1 x every 5 years	PA required under age 6	

Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	No			
Fillings				
Silver amalgam	Yes			
Tooth colored composite	Yes		four or more surface requires PA	
Crowns/tooth caps				
Stainless steel crowns	Yes		permanent teeth require PA with exception of first molars	
Metal (only) crowns	No			
Metal/porcelain crowns	Yes - only with prior authorization			
Porcelain (only) crowns	No			
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes			
Root canals on permanent teeth	Yes			
Gum (periodontal) therapy	Yes - only with prior authorization			
Dentures				
Partial dentures	Yes - only with prior authorization			

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Complete dentures	Yes - only with prior authorization			
Bridges	No			
Orthodontics*				
Retainers (orthodontic)	Yes - only with prior authorization		limited	
Braces	Yes - only with prior authorization			
Oral surgery				
Simple extractions	Yes			
Surgical extractions	Yes - only with prior authorization			
Care of abscesses	Yes - only with prior authorization			
Cleft palate treatment	No			
Cancer treatment	No			
Treatment of fractures	No			
Biopsies	Yes - only with prior authorization			
Treatment of jaw joint problems (TMJ)	No			
Emergency room services provided by a dentist	Yes - only with prior authorization			
Inpatient Hospital Services	Yes - only with prior authorization		may be covered under medical services	
Anesthesia				
General anesthesia	Yes - only with prior authorization			
Intravenous conscious sedation	No			
Non-intravenous conscious sedation	Yes - only with prior authorization			
Analgesia (nitrous oxide)	Yes			

* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).